

State of Idaho  
**DEPARTMENT OF INSURANCE**  
700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
FAX # (208)334-4398  
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**FOR INDIVIDUAL & BUSINESS ADDRESS CHANGES.  
PLEASE FILL IN ALL BLANK SPACES.**

Date: \_\_\_\_\_ License Number: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Name: \_\_\_\_\_

Name Change: \_\_\_\_\_  
(attach legal document indicating change)

Signature: \_\_\_\_\_

**RE: ADDRESS CHANGE & INFORMATION UPDATE**

The Idaho Code requires an individual or business (licensee) to have an address accessible to the public, which cannot be a post office box. *The business and residence address provided must be a physical address. The mailing address can be a post office box.*

**Residence Address:** \_\_\_\_\_  
(Apartment # if applicable)

Residence Phone # \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
(Please include suite  
number if applicable)

Business Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Toll Free # \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(If PO Box, indicate if  
business ☐ or personal ☐)

**\*PLEASE COMPLETE THE ENTIRE FORM EVEN IF ADDRESS HAS NOT CHANGED IN ALL AREAS\***